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# The State of the Administration's Drug Policy Priorities

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# Policy Priorities Origin

*In Section 706(a)(1) of the Office of National Drug Control Policy Authorization Act of 1998, as amended (21 U.S.C. § 1705(a)(1)),:*

*The Director shall release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration, but not later than April 1.*



# Caveats

- Policy Priorities focus on 1) the urgency of overdose epidemic and 2) what is achievable in the first year of the Administration
- Additional items to be folded into the 2022 National Drug Control Strategy
- No Senate-confirmed ONDCP Director
- No Senate-confirmed leadership at other key agencies





# Policy Priorities

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# First-year Overarching Priorities

1. ✓ Expanding Access to Evidence-Based Treatment
2. ✓ Advancing Racial Equity Issues Related to Drug Policy
3. ✓ Enhancing Evidence-Based Harm Reduction Efforts
4. Supporting Evidence-Based Prevention Efforts to Reduce Youth Substance Use
5. Reducing the Supply of Illicit Substances
6. ✓ Advancing Recovery-Ready Workplaces and Expanding the Addiction Workforce
7. Expanding Access to Recovery Support Services



# Coordinating with Other White House Components and the Interagency

*Each section reads, In the first year, the Biden-Harris Administration will work through ONDCP to coordinate with other White House components and the interagency to...followed by 3-7 action items. Important because:*

- ONDCP creates the policy and has budget oversight authority but we typically rely on the agencies to fund programs and implement policies
- Exceptions: grants requiring coordination: High Intensity Drug Trafficking Areas (HIDTA) and Drug Free Communities (DFCs)



# 1. Expanding Access to Evidence-Based Treatment

- **Remove unnecessary barriers** to prescribing buprenorphine; identify opportunities to expand low-barrier services;
- **Review** methadone treatment **policies** and develop recommendations to modernize;
- **Expand access to evidence-based treatment for incarcerated individuals** by working with Congress and the interagency;
- **Publish final rules this year** re: telemedicine special registration and methadone vans;
- **Evaluate progress** made since the 2016 Mental Health and Substance Use Parity Task Force recommendations...identify next steps;
- **Develop and establish a working group** with payers and employers to promote full implementation of the MPHEA to eliminate discriminatory barriers;



# 1. Expanding Access to Evidence-Based Treatment

- **Identify and address policy barriers** related to motivational incentives for stimulant use disorder;
- **Explore reimbursement for motivational incentives and digital treatment** for addiction;
- **Urge extension of the Opioid Public Health Emergency declaration** and identify actions under it to expand access to care;
- **Evaluate and explore** making permanent the emergency provisions implemented during the COVID-19 PHE ... as well as evaluating and exploring/ensuring the continuation of telehealth reimbursement; and
- **Explore, identify barriers, and establish policy to help pregnant women with SUD access prenatal care and addiction treatment w/out fear of child removal.**





## 2. Advancing Racial Equity Issues Related to Drug Policy

- Identify **data gaps** related to drug policy to target unmet needs in diverse communities, in collaboration with the Equitable Data Working Group established by Executive Order 13985;
- Establish a **research agenda** to meet the needs of historically underserved communities;
- Establish an **interagency working group** to agree on specific policy priorities for criminal justice reform;
- Identify culturally competent and **evidence-based practices for BIPOC** across the continuum of care;



## 2. Advancing Racial Equity Issues Related to Drug Policy

- Develop a **drug budget** that includes an accounting and analysis of how Federal dollars meet the needs of diverse populations and shape drug budget recommendations to target resources to address equity issues;
- Direct agencies to begin **collecting budget data** that is disaggregated by demographic category; and
- **Promote integration** of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare for providers of SUD prevention, treatment, and recovery support services, starting with a review of CLAS standards by executive departments and agencies with health care roles.



# 3. Enhancing Evidence-Based Harm Reduction Efforts

- **Integrate and build linkages** between funding streams to support Syringe Services Programs (SSPs);
- Explore opportunities to **lift barriers** to Federal funding for SSPs;
- **Identify state laws** that limit access to SSPs, naloxone, and other services;
- **Examine naloxone availability** in counties with high rates of overdose and identify opportunities to expand access in targeted areas among pharmacies, clinicians, peer support workers, family and community members, and PWUD;
- Amplify **best practices for fentanyl testing strip (FTS) services**, standards for FTS kits, and use of FTS as a means of engagement healthcare systems;



# 3. Enhancing Evidence-Based Harm Reduction Efforts

- **Develop and evaluate the impact of educational materials featuring evidence-based harm reduction approaches** that link PWUD with harm reduction, treatment, recovery support, health and social services through a diverse range of community members, including first responders, and **train law enforcement officials** in evidence-based approaches that address overdose and provide police-assisted recovery; and
- **Support research** on the clinical effectiveness of emerging harm reduction practices in real world settings and test strategies to best implement these evidence-based practices.



## 6. Advancing Recovery Ready Workplaces and Expanding the Addiction Workforce

- **Request agencies to support** training for clinicians in addiction with special emphasis on: community-based services in underserved areas, e.g., VHA, such as federally qualified health centers (FQHCs); and the IHS;
  - Identify authorized vocational programs that can expand the addiction workforce evidence-based practices but that have not yet **secured appropriations; and**
  - Explore opportunities for **training bilingual immigrants** who were addiction professionals in their home countries to become case managers;
- Seek opportunities **to expand the workforce** of bilingual prevention professionals and peer specialists by offering incentives to train;
- Identify barriers to treatment and prevention for populations w/ limited English;



## 6. Advancing Recovery Ready Workplaces and Expanding the Addiction Workforce

- Identify ways in which the Federal government can **remove barriers to employment** and create employment programs for people in recovery from addiction;
- Conduct a **landscape review** of existing programs, as well as outreach to State and local governments, employers, and members of the workforce, including offering grant opportunities that support recovery in the workplace and remove hiring and employment barriers, and provide recommendations to ensure all communities (including rural and underserved areas) have access to the programs;
- **Identify a research agenda** to examine existing recovery-ready workplaces; and
- **Produce guidelines** for Federal managers on hiring and working with people in recovery from a SUD.





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